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General data

POPULATION, 2023
13,712,828

PHYSICIANS/1000 INH, 2020-2022
0.2

NURSES/1000 INH, 2020-2022
0.6

LIFE EXPECTANCY, 2022
61.14

Socioeconomic data

COUNTRY INCOME LEVEL, 2022
Lower middle income

HUMAN DEVELOPMENT INDEX RANKING, 2023
174

GDP PER CAPITA (US\$), 2023
1,394.37

HEALTH EXPENDITURE, 2021
35.13

UNIVERSAL HEALTH COVERAGE, 2021
38



WHO FRAMEWORK FOR PALLIATIVE CARE DEVELOPMENT

- ① EMPOWERMENT OF PEOPLE AND COMMUNITIES
- ② POLICIES
- ③ RESEARCH
- ④ USE OF ESSENTIAL MEDICINES
- ⑤ EDUCATION AND TRAINING
- ⑥ PROVISION OF PC

LEVEL OF DEVELOPMENT



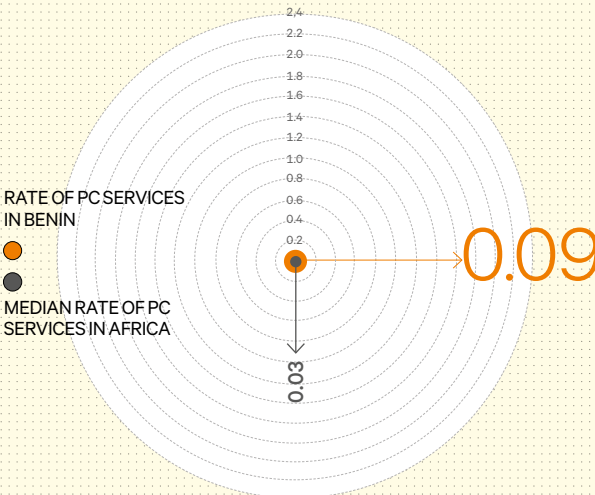
Benin

⑥ Provision of PC (Specialised Services)

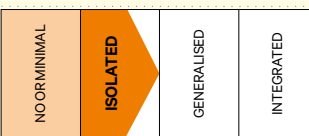
Total number of Specialised PC services
11

Rate of PC services per 100,000 inhabitants
0.09

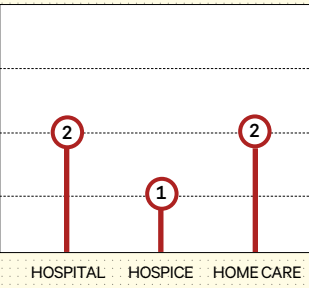
Benin in the context of African continent



Geographic distribution and integration of PC services



Level of development of different types of PC services



Paediatric PC Services

GEOGRAPHIC DISTRIBUTION AND INTEGRATION
1

TOTAL NUMBER
0

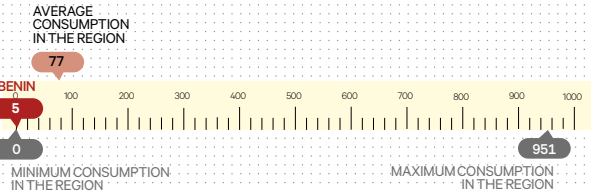
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④ Use of essential medicines

Opioids consumption (excluding methadone)
5
S-DDD/MILL INHABITANTS/DAY

Benin in the context of African continent



Overall availability of essential medicines for pain and PC at the primary level



General availability of immediate-release oral morphine at the primary level



③ Research

PC-related research articles
1

Existence of PC congresses or scientific meetings
4



National Association: Association Béninoise de Soins Palliatifs (ABSP).
Consultants: Anthelme Adgodande Kouessi; Freddy Gnangnon.

Data collected: February 2023.
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Officially Endorsed by the Ministry of Health
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⑤ Education & Training

Medical schools with mandatory PC teaching
0/2

Nursing schools with mandatory PC teaching
0/2

Recognition of PC specialty
1

② Policies

National PC plan or strategy
4

Responsible authority for PC in the Ministry of Health
4





Inclusion of PC in the basic health package at the primary care level
3

① Empowerment of people and communities





Groups promoting the rights of PC patients
4

Advanced care planning-related policies
1

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Ind1 Existence of groups dedicated to promoting the rights of patients in need of PC, their care-givers, and disease survivors.	 Strong national and sub-national presence of palliative care advocacy and promoting patient rights (as a professional association of Palliative Care, i.e.).	In Benin, the Beninese Palliative Care Association plays a central role in promoting and developing PC. Founded in 2015, inspired by the Hospice Africa Uganda model, it adopts a holistic approach that integrates clinical, psychosocial, and educational components. The association leads Information, Education, and Communication (IEC) sessions, provides training in health facilities, and participates in regional workshops on cancer pain management. Several other organisations are also active, including SOS Cancer Bénin and the SPH Foundation Against Cancer. Claire Horizon MEDOM Benin and TODJOU MI. These organisations collaborate with the Ministry of Health through the National Palliative Care Programme and the Non-Communicable Diseases Programme. There is strong national and sub-national advocacy for patient rights and the integration of palliative care services.
Ind2 Is there a national policy or guideline on advance directives or advance care planning?	 There is no national policy or guideline on advance care planning.	In Benin, there are no specific national guidelines on advance directives, advance care planning (ACP), substitute decision-making, or living wills. The National Palliative Care Programme is developing such guidelines, but they have not yet been validated by the Ministry of Health. However, legal protections exist under Law No. 2020-37 of 3 February 2021 on the protection of health. This legislation guarantees patients the right to be informed about their health, to accept or refuse medical treatment, and to provide informed consent for any procedure. It also affirms the right to refuse care or medical procedures and requires healthcare professionals to respect patients' decisions. These provisions provide a partial legal foundation for future development of formal ACP policies.
Ind3 3.1. There is a current national PC plan, programme, policy, or strategy. 3.2. The national palliative care plan (or programme or strategy or legislation) is a standalone.	 Actualized in last 5 years, and actively evaluated or audited.  There is a stand-alone national palliative care plan and/or there is national palliative care law/legislation/government decrees on PC.	Benin has an independent national palliative care strategy: the Five-Year Palliative Care Plan (PQSP) 2022–2026, validated and recognised by senior health officials. It serves as the country's first national framework to ensure equitable access to quality palliative care, addressing physical, psychological, moral, and spiritual suffering. The PQSP includes four strategic domains: governance and resource mobilisation; training and human resources; service development across all levels, including home and community care; and access to medicines, technology, and infrastructure. A performance framework defines yearly targets, though the plan has not yet been formally evaluated. Law No. 2020–37 (Article 36) reinforces the legal basis for palliative care. The National Palliative Care Programme is fully operational and capable of implementation. Community participation in plan development was broad, including the Beninese Palliative Care Association, although some key groups were not

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3.3. There are indicators in the national plan to monitor and evaluate progress, with measurable targets.	 The Indicators to monitor and evaluate progress are currently implemented.	involved. The final version has been published and is publicly accessible.
Ind4 PC services are included in the list of priority services for Universal Health Coverage at the primary care level in the national health system.	 Included in the essential list of services recognized by a government decree or law but not in the General Health Law.	In Benin, Article 36 of Law No. 2020-37 of 3 February 2021 mandates the state to promote access to palliative care. Palliative care is formally included in the list of services to be provided at the primary care level under the General Health Act. The national training guide for community health workers, developed by the CNLS-TP (a body reporting directly to the Presidency), includes a dedicated palliative care module. However, there is currently no mechanism in place to monitor access to these services. Access data are not routinely collected or disaggregated by gender or socio-economic status.
Ind5 5.1. Is there a national authority for palliative care within the government or the Ministry of Health? 5.2. The national authority has concrete functions, budget and staff.	 The coordinating entity for palliative care is well defined and has good structure (scientific & technical).  There are concrete functions, staff and budget.	The National Palliative Care Programme (PNSP), under the Ministry of Health, is the designated authority responsible for coordinating, monitoring and implementing palliative care (PC) strategies in Benin. Established by ministerial decree, it has a formal structure, independent budget line and dedicated staff. Its mandate includes expanding national PC provision, operationalising units, ensuring the availability of essential supplies, and overseeing intervention monitoring. The PNSP comprises three departments: administration and finance, planning and advocacy, and service delivery. It actively implements the Five-Year National Palliative Care Plan (PQSP) and leads interventions across several regions, although some areas remain without coverage.

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Benin



Ind6 Existence of congresses or scientific meetings at the national level specifically related to PC.	<div><div></div><div></div><div></div><div>4</div></div> At least one national conference specifically dedicated to palliative care every 3 years.	Benin held its first national palliative care (PC) congress in October 2022 under the theme “Palliative care, universal health coverage and development”. The event, co-organised by the National Palliative Care Programme and the Beninese Association for Palliative Care, was officially sponsored by the Ministry of Health. It brought together over 210 participants from 12 countries, including 192 nationals, and coincided with the second national observance of World Hospice and Palliative Care Day. The congress took place in Cotonou and laid the foundation for an annual national platform dedicated to advancing PC. The 2023 congress was scheduled for October of that year.
Ind7 Estimation of the level of peer-reviewed articles focusing on PC research published in any language in the past 5 years with at least one author from the country.	<div><div>1</div><div></div><div></div><div></div></div> Minimal or non-existent number of articles published on the subject in that country.	A comprehensive scoping review conducted in March 2023, covering publications from 2017 onward, did not identify any peer-reviewed articles on palliative care in Benin that all met the inclusion criteria for this indicator.
Ind8 Reported annual opioid consumption –excluding methadone– in S-DDD per million inhabitants per day.		<div><div>Average consumption of opioids, in defined daily doses for statistical purposes (S-DDD) per million inhabitants per day, 2020–2022.</div><div><div></div><div>5</div><div>S-DDD PER MILLION INHAB /DAY</div></div></div> <div><div>COUNTRY VS REGION</div><div><div>AVERAGE CONSUMPTION IN THE REGION</div><div>77</div><div>BENIN</div><div>5</div><div>0</div><div>100</div><div>200</div><div>300</div><div>400</div><div>500</div><div>600</div><div>700</div><div>800</div><div>900</div><div>1000</div><div>MINIMUM CONSUMPTION IN THE REGION</div><div>0</div><div>MAXIMUM CONSUMPTION IN THE REGION</div><div>951</div></div></div>

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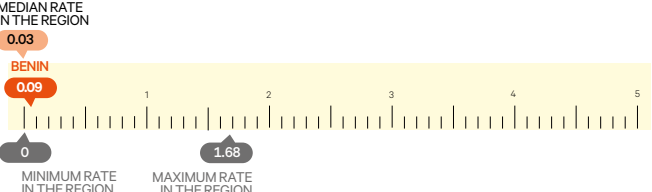





Benin

Ind9 9.1. Percentage of health facilities at the primary care level in Urban areas that have pain and palliative care medications as defined in the WHO Model List of Essential Medicines. 9.2. Percentage of health facilities at the primary care level in rural areas that have pain and palliative care medications as defined in the WHO Model List of Essential Medicines.	<div><div>1</div><div></div><div></div><div></div></div> Poor: Between 0% to 10%. <div><div>1</div><div></div><div></div><div></div></div> Poor: Between 0% to 10%.	An assessment conducted in March 2023 found that 34% of primary health care facilities in Benin had medicines for pain and palliative care as defined by the WHO Model List of Essential Medicines. The distribution between urban and rural areas remains unknown. The survey covered 521 public health centres across 32 of the country’s 34 health zones. The essential medicines evaluated included opioids (such as morphine, tramadol, methadone), non-opioid analgesics, antiemetics, corticosteroids, antiepileptics, and adjuvants. Despite partial availability, geographic disparities and limited data on distribution pose challenges to equitable access at the primary care level.
Ind10 10.1. Percentage of health facilities at the primary care level in urban areas that have immediate-release oral morphine (liquid or tablet). 10.2. Percentage of health facilities at the primary care level in rural areas that have immediate-release oral morphine (liquid or tablet).	<div><div>1</div><div></div><div></div><div></div></div> Poor: Between 0% to 10%. <div><div>1</div><div></div><div></div><div></div></div> Poor: Between 0% to 10%.	Oral morphine has been available in Benin since 2014, when the introduction of palliative care triggered its use by trained healthcare professionals. Prior to this, it was used almost exclusively in injectable form by anaesthetists. In 2018, a local hospital pharmacy, trained by Hospice Africa Uganda, began producing an oral morphine solution from morphine powder. However, access remains limited. In 2022, the Belgian agency Enabel supported the supply of morphine powder to sustain production. Currently, only 15.9% of hospitals stock immediate-release oral morphine, with a stark contrast between urban (30.8%) and rural (9.7%) hospitals. An estimated 16.5% of patients in need receive oral morphine annually. Challenges include maintaining regular supplies, standardising the production process, and training prescribers. The oral formulation is now provided free of charge, though the availability remains inconsistent across health facilities.

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Ind11	11.1. The proportion of medical schools with COMPULSORY teaching in PC (with or without other optional teaching)	0/2	 <p>Palliative care is not yet included in the undergraduate curriculum of Benin's two medical schools. A dedicated module is expected to be introduced at the University of Parakou in 2024. Similarly, undergraduate nursing education does not yet incorporate palliative care. However, a master's programme in palliative care for nurses was launched in 2021 at the Institut National Médico-Sanitaire in Abomey-Calavi. While no core or elective palliative care training exists at undergraduate level, this post-graduate development represents an important step towards strengthening national capacity in palliative care education.</p>
	11.2. The proportion of medical schools with OPTIONAL teaching in PC.	0/2	
	11.3. The proportion of nursing schools with COMPULSORY teaching in PC (with or without other optional teaching).	0/2	
	11.4. The proportion of nursing schools with OPTIONAL teaching in PC.	0/2	
Ind12	Existence of an official specialisation process in palliative medicine for physicians, recognised by the competent authority in the country.	 <p>There is no process on specialization for palliative care physicians.</p>	In Benin, there is no recognised specialisation in palliative medicine for physicians. None of the medical or paramedical institutions offer accredited programmes in this field. A Master's degree in palliative care was established in August 2021 at the National Medical and Health Institute of the University of Abomey-Calavi; however, it primarily targets nurses and allied health professionals rather than doctors. The lack of formal recognition and dedicated training pathways for physicians highlights a critical gap in the professional development of palliative care in the country.

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Ind13	13.1. There is a system of specialised PC services or teams in the country that has a GEOGRAPHIC reach and is delivered through different service delivery platforms.	 <p>Isolated provision: Exists but only in some geographic areas.</p>	<p>Benin currently has 11 specialist palliative care teams distributed across both urban and rural areas, including public hospitals and select private institutions. Each team typically includes a physician, nurse, and driver, with occasional support from volunteers and students. Although no independent hospices currently exist, construction projects are underway with government support. Mobile palliative care teams operate in four regions, contributing to expanding coverage. Despite the limited number of teams, the services are progressively growing.</p> <p>RATE OF SPECIALISED PC SERVICES/100,000 INH</p>  <p>0.03 BENIN 0.09 0 1 2 3 4 5 MINIMUM RATE IN THE REGION MAXIMUM RATE IN THE REGION</p> <p>0 ← SPECIALISED PALLIATIVE CARE SERVICES</p>
	13.2. Are available in HOSPITALS (public or private), such as hospital PC teams (consultation teams), and PC units (with beds), to name a few examples.	 <p>Ad hoc/ in some parts of the country.</p>	
	13.3. Free-standing HOSPICES (including hospices with inpatient beds).	 <p>Not at all.</p>	
	13.4. HOME CARE teams (specialised in PC) are available in the community (or at the primary Healthcare level), as independent services or linked with hospitals or hospices.	 <p>Ad hoc/ in some parts of the country.</p>	
	13.5. Total number of specialised PC services or teams in the country.		
Ind14	14.1. There is a system of specialised PC services or teams for children in the country that has geographic reach and is delivered through different service delivery platforms.	 <p>No or minimal provision of palliative care specialized services or teams for children exists in country.</p>	<p>Benin does not yet have specialised paediatric palliative care (PC) programmes with national reach. However, progress is being made. Two paediatric oncologists have been trained with support from the Franco-African Paediatric Oncology Group (GFAOP), and a paediatric oncology unit is operational at the Ouémé-Plateau Departmental University Hospital in Porto-Novo. Over the past two decades, GFAOP has supported the training of African professionals in paediatric cancer and palliative care. In May 2023, a joint session was held at the Beninese Paediatric Society Congress in Cotonou, involving the local oncology unit, GFAOP, the National Palliative Care Programme, and the Paediatric Society. This initiative aimed to strengthen the integration of palliative care into paediatric oncology services.</p>
	14.2. Number of pediatric specialised PC services or teams in the country.	 <p>PPC TEAMS</p>	